



U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FORM  
SV-8099

# 1997 ECONOMIC CENSUS SHORT FORM

OMB No. 0607-0827: Approval Expires 10/31/99

DUE  
DATE FEBRUARY 12, 1998

This form is being sent in lieu of the regular economic census form in order to minimize reporting burden. Please answer the questions on this form and return it in the enclosed envelope to:

BUREAU OF THE CENSUS  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

SV-8099

Census use

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

## Item 1. PHYSICAL LOCATION

- a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 ☐ Yes 2 ☐ No - Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

- b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 ☐ Yes  
2 ☐ No  
3 ☐ No legal boundaries  
4 ☐ Do not know

- c. In what type of municipality is this establishment physically located?

096 1 ☐ City, village, or borough  
2 ☐ Town or township  
3 ☐ Other - Specify   
4 ☐ Do not know

- d. In what county (e.g., Dade County) is this establishment physically located?

## Item 2. KIND OF BUSINESS OR ACTIVITY

Mark (X) the ONE box which best describes the PRINCIPAL business or activity of this establishment in 1997.

Nursing and residential care facilities

Continuing care retirement community  
(residential care with nursing care  
facility on-site) . . . . . 070 ☐ 805330 8

Mental retardation facility (e.g., group home or  
intermediate care facility providing residential  
care for the mentally retarded) . . . . . ☐ 805320 9

Nursing care facility (providing nursing and  
rehabilitative services) . . . . . ☐ 805310 0

Inpatient hospice facility . . . . . ☐ 805310 0

Home for the elderly (except nursing homes  
and continuing care retirement communities) . . . ☐ 836120 6

Residential alcohol or substance abuse  
rehabilitation facility (except nursing care  
facility) . . . . . ☐ 836110 7

Residential facility for the mentally ill (except  
facilities for the mentally retarded) . . . . . ☐ 836110 7

Children's home, group foster home, or  
orphanage . . . . . ☐ 836130 5

Juvenile correctional home . . . . . ☐ 836130 5

Halfway home for delinquents and offenders . . . ☐ 836130 5

Halfway home for persons with social or  
personal problems . . . . . ☐ 836130 5

Home for the deaf or blind . . . . . ☐ 836130 5

## Item 2. KIND OF BUSINESS OR ACTIVITY – Continued

Nursing and residential care facilities – Continued

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Apartment building or complex (renting or leasing housing facilities only) . . . . . ☐ 651300 6Other nursing or residential facility – Describe . . . ☐

Other health services

Home health care agency (including visiting nurse association) . . . . . ☐ 808200 0Home hospice care . . . . . ☐ 808200 0Physical or occupational therapist(s). . . . . ☐ 804920 7Other health service – Describe . . . . . ☐Other kind of activity or facility – Describe. . . . ☐

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data. – Continued

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Item 3. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report – Print or type

Title

Telephone	Area code	Number	Extension
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Signature of authorized person	Date
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